

Foster Family Home - Deficiency Report

Provider ID: 1-130033

Home Name: Pamela Cabato, CNA

Review ID: 1-130033-15

94-858 Lumihoahu Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 2/22/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency report issued during CCFH inspection with a plan of correct correction due to CTA within 30 days of inspection. (Issued on 2/22/2024)

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:


41.(b)(7)-CG#4 TB clearance lapsed on 2/6/2024 and no current result present.

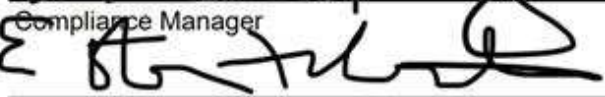
3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly


Comment:


(3P)(b)(1)-no fire drills documented since 11/5/2023



Compliance Manager


Primary Care Giver



Date


Date